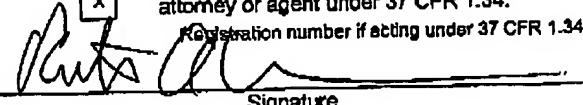


PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031

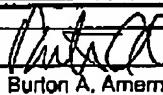
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 21381-00053-US	
Application Number	10/049,504-Conf. #7626	Filed June 18, 2002	
For PYRIDOMORPINANS, THIENOMORPHINANS AND USE THEREOF			
Art Unit 1625	Examiner P. L. Morris		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60	\$ 60.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2036 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0185</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>24,852</u>  <u>Signature</u> <u>Burton A. Americk</u> <u>Typed or printed name</u>			
<u>April 8, 2005</u> <u>Date</u> <u>(202) 331-7111</u> <u>Telephone Number</u>			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. <input type="checkbox"/> Total of <u>1</u> forms are submitted.			

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2008. OMB 0551-0052
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i> FEE TRANSMITTAL For FY 2005		Complete if Known																																																							
		Application Number	10/049,504-Conf. #7628																																																						
		Filing Date	June 18, 2002																																																						
		First Named Inventor	Subramaniam Ananthan																																																						
		Examiner Name	P. L. Morris																																																						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit 1625																																																								
TOTAL AMOUNT OF PAYMENT	(\$) 310.00	Attorney Docket No.	21381-00053-US																																																						
METHOD OF PAYMENT (check all that apply)																																																									
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																									
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 22-0185 Deposit Account Name: Connolly Bove Lodge & Hutz LLP																																																									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																																																									
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee																																																							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments																																																							
FEE CALCULATION																																																									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: left; vertical-align: bottom;">Application Type</th> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">FILING FEES</th> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">SEARCH FEES</th> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">EXAMINATION FEES</th> </tr> <tr> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Small Entity Fee (\$)</th> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Small Entity Fee (\$)</th> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Small Entity Fee (\$)</th> <th style="text-align: center;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td style="text-align: center;">300</td> <td style="text-align: center;">150</td> <td style="text-align: center;">500</td> <td style="text-align: center;">250</td> <td style="text-align: center;">200</td> <td style="text-align: center;">100</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Design</td> <td style="text-align: center;">200</td> <td style="text-align: center;">100</td> <td style="text-align: center;">100</td> <td style="text-align: center;">50</td> <td style="text-align: center;">130</td> <td style="text-align: center;">65</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Plant</td> <td style="text-align: center;">200</td> <td style="text-align: center;">100</td> <td style="text-align: center;">300</td> <td style="text-align: center;">150</td> <td style="text-align: center;">160</td> <td style="text-align: center;">80</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Rcissue</td> <td style="text-align: center;">300</td> <td style="text-align: center;">150</td> <td style="text-align: center;">500</td> <td style="text-align: center;">250</td> <td style="text-align: center;">600</td> <td style="text-align: center;">300</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Provisional</td> <td style="text-align: center;">200</td> <td style="text-align: center;">100</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>				Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)	Utility	300	150	500	250	200	100	_____	Design	200	100	100	50	130	65	_____	Plant	200	100	300	150	160	80	_____	Rcissue	300	150	500	250	600	300	_____	Provisional	200	100	0	0	0	0	_____
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES																																																				
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)																																																		
Utility	300	150	500	250	200	100	_____																																																		
Design	200	100	100	50	130	65	_____																																																		
Plant	200	100	300	150	160	80	_____																																																		
Rcissue	300	150	500	250	600	300	_____																																																		
Provisional	200	100	0	0	0	0	_____																																																		
2. EXCESS CLAIM FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: left; vertical-align: bottom;">Fee Description</th> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">Small Entity</th> </tr> <tr> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 (including Reissues)</td> <td style="text-align: center;">50</td> <td style="text-align: center;">25</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td style="text-align: center;">200</td> <td style="text-align: center;">100</td> </tr> <tr> <td>Multiple dependent claims</td> <td style="text-align: center;">360</td> <td style="text-align: center;">180</td> </tr> <tr> <td>Total Claims</td> <td style="text-align: center;">Extra Claims</td> <td style="text-align: center;">Fee (\$)</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">- 20 = _____</td> <td style="text-align: center;">x _____ = _____</td> </tr> <tr> <td>Indep. Claims</td> <td style="text-align: center;">Extra Claims</td> <td style="text-align: center;">Fee (\$)</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">- 3 = _____</td> <td style="text-align: center;">x _____ = _____</td> </tr> <tr> <td colspan="3" style="text-align: right;">Multiple Dependent Claims</td> </tr> <tr> <td></td> <td style="text-align: center;">Fee (\$)</td> <td style="text-align: center;">Fee Paid (\$)</td> </tr> <tr> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>				Fee Description	Small Entity		Fee (\$)	Fee (\$)	Each claim over 20 (including Reissues)	50	25	Each independent claim over 3 (including Reissues)	200	100	Multiple dependent claims	360	180	Total Claims	Extra Claims	Fee (\$)	_____	- 20 = _____	x _____ = _____	Indep. Claims	Extra Claims	Fee (\$)	_____	- 3 = _____	x _____ = _____	Multiple Dependent Claims				Fee (\$)	Fee Paid (\$)		_____	_____																			
Fee Description	Small Entity																																																								
	Fee (\$)	Fee (\$)																																																							
Each claim over 20 (including Reissues)	50	25																																																							
Each independent claim over 3 (including Reissues)	200	100																																																							
Multiple dependent claims	360	180																																																							
Total Claims	Extra Claims	Fee (\$)																																																							
_____	- 20 = _____	x _____ = _____																																																							
Indep. Claims	Extra Claims	Fee (\$)																																																							
_____	- 3 = _____	x _____ = _____																																																							
Multiple Dependent Claims																																																									
	Fee (\$)	Fee Paid (\$)																																																							
	_____	_____																																																							
3. APPLICATION SIZE FEE <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; vertical-align: bottom;">Total Sheets</th> <th style="text-align: center; border-bottom: 1px solid black;">Extra Sheets</th> <th style="text-align: center; border-bottom: 1px solid black;">Number of each additional 50 or fraction thereof</th> <th style="text-align: center; border-bottom: 1px solid black;">Fee (\$)</th> <th style="text-align: center; border-bottom: 1px solid black;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;">- 100 = _____</td> <td style="text-align: center;">/50 _____ (round up to a whole number)</td> <td style="text-align: center;">x _____ = _____</td> <td style="text-align: center;">Fee Paid (\$)</td> </tr> </tbody> </table>				Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	_____	- 100 = _____	/50 _____ (round up to a whole number)	x _____ = _____	Fee Paid (\$)																																												
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																																																					
_____	- 100 = _____	/50 _____ (round up to a whole number)	x _____ = _____	Fee Paid (\$)																																																					
4. OTHER FEE(S) <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Non-English Specification: \$130 fee (no small entity discount)</td> <td style="text-align: right;">60.00</td> </tr> <tr> <td>Other (e.g., late filing surcharge): 2251 Extension for response within first month</td> <td style="text-align: right;">250.00</td> </tr> <tr> <td>2401 Notice of appeal</td> <td></td> </tr> </table>				Non-English Specification: \$130 fee (no small entity discount)	60.00	Other (e.g., late filing surcharge): 2251 Extension for response within first month	250.00	2401 Notice of appeal																																																	
Non-English Specification: \$130 fee (no small entity discount)	60.00																																																								
Other (e.g., late filing surcharge): 2251 Extension for response within first month	250.00																																																								
2401 Notice of appeal																																																									
SUBMITTED BY Signature:  Registration No. (Attorney/Agent) 24,852 Telephone (202) 331-7111 Name (Print/Type) Burton A. Americk Date April 8, 2005																																																									